

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

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NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Fukuhara	Harry	Mark	808-271-6888
MAILING ADDRESS (Street)			FAX
1696 Piikea Street			EMAIL
			hmfukuhara@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Akamai Benefit Consultants LLC			808-271-6888
MAILING ADDRESS (Street)			FAX
P.O. Box 1073			EMAIL
(City)	(State)	(Zip Code)	
Aiea	HI	96701	

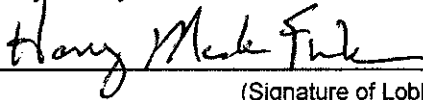
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Catamaran PBM of Illinois, Inc.		630-577-3100
MAILING ADDRESS (Street)		FAX 630-288-9825
2441 Warrenville Road, Suite 610		EMAIL
(City)	(State)	(Zip Code)
Lisle	IL	60532-3642
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Harry Mark Fukuhara		808-271-6888
MAILING ADDRESS (Street)		FAX
1696 Piikea Street		EMAIL
		hmfukuhara@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96818

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)


1/14/2013

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Clifford Berman		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED General Counsel	
NAME OF ORGANIZATION (if applicable) Catamaran PBM of Illinois, Inc.		TELEPHONE	
MAILING ADDRESS (Street) 2441 Warrenville Road, Suite 610		FAX	
(City) Lisle		(State) IL	(Zip Code) 60532-3642
		EMAIL cliff.berman@sxc.com	

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/15/13

(Date)